

**DHHS Division of Purchased Services
Agreement Authorization Form**

To: _____

From: _____

Date: _____

DHHS Program Contact: _____ Office/Division/Program: _____
(Name and Phone Number)

Purchased Services Manager: _____ Financial/Fiscal Contact: _____
(Name and Phone Number)

Agreement Action: ☐ New ☐ Renewal ☐ Amendment
☐ Encumbered ☐ Unencumbered

Start Date: _____ End Date: _____

☐ RFP #: _____ ☐ Requesting Sole Source
(Justification Required with prior approval by Division of Purchases)

Vendor / Provider Information:

Company Name: _____ Phone: _____
Address: _____ EIN: _____
_____ Contact Name: _____

Agreement or Amendment Amount: \$ _____

CFDA #	Account #	FY 2007 Encumbrance	FY 2008 Encumbrance	Agreement Total
1				\$0.00
2				\$0.00
3				\$0.00
4				\$0.00
5				\$0.00
6				\$0.00
7				\$0.00
8				\$0.00
9				\$0.00
10				\$0.00
Totals		\$0.00	\$0.00	\$0.00

Scope of Work to be Performed: (please attach Rider A if needed)

Payment Schedule: (please describe the payment schedule and method)

PSM Date: _____

Agreement Number:
(Assigned by Agreement Administrator)